

EXAMPLE: COVER LETTER FOR SINGLE LINE OF BUSINESS
BLANKET ENDORSEMENT

OCTOBER 1, 2006

TO: OFFICE OF THE INSURANCE COMMISSIONER
RATES AND FORMS DIVISION
PO BOX 40255
OLYMPIA, WA 98504-0255

FROM: WASHINGTON CARRIER
0000 ANY STREET
ANY TOWN, ANY STATE 00000
CARRIER CONTACT: ANGELA BARNES, CONTRACT MANAGER
(If this is not the person preparing the filing please include that person's name also).
CONTACT PHONE: (000) 000-0000

SUBJECT: Blanket Endorsement: ABCEND-06
Line of Business: Small Group Contract
Effective Date: November 1, 2006

Dear Insurance Policy/Analyst:

Enclosed is a Blanket Endorsement for a Change of Company Name, which is being filed for your review to assure compliance with state and federal guidelines.

(The above section must be completed in full or the filing will be returned.)

This letter and enclosed filing transmittal are prepared in duplicate. A self-addressed, stamped envelope is provided for your convenience in acknowledging final action on this filing.

Sincerely,
Washington Carrier

HEALTH CARE SERVICE CONTRACTOR/HEALTH MAINTENANCE ORGANIZATION TRANSMITTAL

1. Company ID WASHCOMPANY1234		2. Company Name WASHINGTON CARRIER		For OIC Use Only	
3. Date Submitted OCTOBER 1, 2006		4. Proposed Effective Date NOVEMBER 1, 2006		[] File ID [] Analyst	
5. Contact ANGELA BARNES		6. Title MANAGER, CONTRACTS		Date Initials	
7. Phone (000) 000-0000		8. Fax # (000) 000-0000		Approved	
9. E-Mail ABARNES@WACARRIER.COM		10. Purpose of Filing TO FILE ENDORSEMENT FOR SINGLE LINE OF BUSINESS		Reviewed	
				Withdrawn	
				Disapproved	
				Acknowledged	
				State Tracking #	

Check all forms that apply to this filing. If additional space is required to list contract numbers, attach a separate sheet. Please fill out columns A through C every time you check a box

	A	B	C
Line of Insurance	Contract # Effective Date	Prior Contract # Effective Date	Product Name
STANDARD MASTER CONTRACT			
11. <input type="checkbox"/> Large Group Contract (51+)			
<input checked="" type="checkbox"/> Small Group Contract (2-50)			
<input type="checkbox"/> Group Application			
<input type="checkbox"/> Member Application			
<input type="checkbox"/> Certificate of Coverage			
<input checked="" type="checkbox"/> Endorsement/Rider	ABCEND-06 11/1/06		COMPANY NAME CHANGE
12. <input type="checkbox"/> Individual			
<input type="checkbox"/> Application			
<input type="checkbox"/> Endorsement/Rider			
13. <input type="checkbox"/> Conversion			
<input type="checkbox"/> Endorsement/Rider			
14. <input type="checkbox"/> Network Reports			
<input type="checkbox"/> Access Plan			
<input type="checkbox"/> Form B – Network Enrollment			
<input type="checkbox"/> GeoGraphic Network Report			
15. <input type="checkbox"/> Other			
16. <input type="checkbox"/> Small Group Limited Schedule of Benefits			
<input type="checkbox"/> Group Application			
<input type="checkbox"/> Member Application			
<input type="checkbox"/> Certificate of Coverage			
<input type="checkbox"/> Endorsement/Rider			
<input type="checkbox"/> Benefit Brochure			
PRIOR APPROVAL		Agreement #/Effective Date	Prior Agreement #/Effective Date
17. <input type="checkbox"/> Provider Agreement			
18. RATE		Contract #/Effective Date	Prior Contract #/Effective Date
<input type="checkbox"/> Proprietary			Negotiated Contract #/Effective Date
<input type="checkbox"/> For-Public			
19. NEGOTIATED CONTRACT		<input type="checkbox"/> Employer	<input type="checkbox"/> Association
<input checked="" type="checkbox"/> Fully Negotiated	<input type="checkbox"/> Short-Form Filing	<input type="checkbox"/> Paperwork	<input type="checkbox"/> Paperwork
		<input type="checkbox"/> Government	<input type="checkbox"/> Trust
		<input type="checkbox"/> Paperwork	<input type="checkbox"/> Paperwork
		<input type="checkbox"/> Union	<input type="checkbox"/> Paperwork
Negotiated Contract Number:		Effective Date:	
Group Name:		Group Number:	
Standard Master Contract Number (short form filings only):		Effective Date:	
Forms Included in this Filing: <input type="checkbox"/> Contract <input type="checkbox"/> Certificate of Coverage <input type="checkbox"/> Group Application <input type="checkbox"/> Enrollee Application (Please list form numbers in Section 22 attached)			
20. NEGOTIATED ENDORSEMENT/RIDER (FOR FULLY NEGOTIATED CONTRACTS ONLY. PLEASE COMPLETE FIELD 19 ABOVE.)			
Negotiated Endorsement/Rider Form #:		Changes Apply to: <input type="checkbox"/> Contract <input type="checkbox"/> Certificate of Coverage	
Please note that rate filings and form filings must be submitted together for new plans			

21. Additional Group Numbers:

22. Additional Form Numbers:

[illegible]

This Schedule is Part of Contract #: ABCEND-06
Effective Date: 11/1/06

Effective Date: 11/1/06

EXAMPLE: COVER LETTER FOR MULTIPLE LINES OF BUSINESS
BLANKET ENDORSEMENT

OCTOBER 1, 2006

TO: OFFICE OF THE INSURANCE COMMISSIONER
RATES AND FORMS DIVISION
PO BOX 40255
OLYMPIA, WA 98504-0255

FROM: WASHINGTON CARRIER
0000 ANY STREET
ANY TOWN, ANY STATE 00000
CARRIER CONTACT: ANGELA BARNES, CONTRACT MANAGER
(If this is not the person preparing the filing please include that person's name also).
CONTACT PHONE: (000) 000-0000

SUBJECT: Blanket Endorsement: ABCEND-06
Line of Business: Multiple
Effective Date: November 1, 2006

Dear Insurance Policy/Analyst:

Enclosed is a Blanket Endorsement for Change of Company Name, which is being filed for your review to assure compliance with state and federal guidelines. Affected Lines of Business are:

- Large Group
- Small Group
- Individual Group
- Conversion

(The above section must be completed in full or the filing will be returned.)

This letter and enclosed filing transmittal are prepared in duplicate. A self-addressed, stamped envelope is provided for your convenience in acknowledging final action on this filing.

Sincerely,
Washington Carrier

HEALTH CARE SERVICE CONTRACTOR/HEALTH MAINTENANCE ORGANIZATION TRANSMITTAL

1. Company ID WASHCOMPANY1234		2. Company Name WASHINGTON CARRIER		For OIC Use Only	
3. Date Submitted OCTOBER 1, 2006		4. Proposed Effective Date NOVEMBER 1, 2006		[] File ID [] Analyst	
5. Contact ANGELA BARNES		6. Title MANAGER, CONTRACTS		Approved	Date
7. Phone (000) 000-0000		8. Fax # (000) 000-0000		Reviewed	Initials
9. E-Mail ABARNES@WACARRIER.COM		10. Purpose of Filing TO FILE ENDORSEMENT FOR MULTIPLE LINES OF BUSINESS		Withdrawn	
				Disapproved	
				Acknowledged	
				State Tracking #	

Check all forms that apply to this filing. If additional space is required to list contract numbers, attach a separate sheet. Please fill out columns A through C every time you check a box

	A	B	C
Line of Insurance	Contract # Effective Date	Prior Contract # Effective Date	Product Name
STANDARD MASTER CONTRACT			
11. <input checked="" type="checkbox"/> Large Group Contract (51+)			
<input checked="" type="checkbox"/> Small Group Contract (2-50)			
<input type="checkbox"/> Group Application			
<input type="checkbox"/> Member Application			
<input type="checkbox"/> Certificate of Coverage			
<input checked="" type="checkbox"/> Endorsement/Rider	ABCEND-06, 11/1/06		COMPANY NAME CHANGE
12. <input checked="" type="checkbox"/> Individual			
<input type="checkbox"/> Application			
<input checked="" type="checkbox"/> Endorsement/Rider	ABCEND-06, 11/1/06		COMPANY NAME CHANGE
13. <input checked="" type="checkbox"/> Conversion			
<input checked="" type="checkbox"/> Endorsement/Rider	ABCEND-06, 11/1/06		COMPANY NAME CHANGE
14. <input type="checkbox"/> Network Reports			
<input type="checkbox"/> Access Plan			
<input type="checkbox"/> Form B – Network Enrollment			
<input type="checkbox"/> GeoGraphic Network Report			
15. <input type="checkbox"/> Other			
16. <input type="checkbox"/> Small Group Limited Schedule of Benefits			
<input type="checkbox"/> Group Application			
<input type="checkbox"/> Member Application			
<input type="checkbox"/> Certificate of Coverage			
<input type="checkbox"/> Endorsement/Rider			
<input type="checkbox"/> Benefit Brochure			
PRIOR APPROVAL		Agreement #/Effective Date	Prior Agreement #/Effective Date
17. <input type="checkbox"/> Provider Agreement			
18. RATE		Contract #/Effective Date	Prior Contract #/Effective Date
<input type="checkbox"/> Proprietary			Negotiated Contract #/Effective Date
<input type="checkbox"/> For-Public			
19. NEGOTIATED CONTRACT		<input type="checkbox"/> Employer	<input type="checkbox"/> Association
<input checked="" type="checkbox"/> Fully Negotiated	<input checked="" type="checkbox"/> Short-Form Filing	<input type="checkbox"/> Paperwork	<input type="checkbox"/> Paperwork
		<input type="checkbox"/> Government	<input type="checkbox"/> Trust
		<input type="checkbox"/> Paperwork	<input type="checkbox"/> Paperwork
Negotiated Contract Number:		Effective Date:	
Group Name:		Group Number:	
Standard Master Contract Number (short form filings only):		Effective Date:	
Forms Included in this Filing: <input type="checkbox"/> Contract <input type="checkbox"/> Certificate of Coverage <input type="checkbox"/> Group Application <input type="checkbox"/> Enrollee Application (Please list form numbers in Section 22 attached)			
20. NEGOTIATED ENDORSEMENT/RIDER (FOR FULLY NEGOTIATED CONTRACTS ONLY. PLEASE COMPLETE FIELD 19 ABOVE.)			
Negotiated Endorsement/Rider Form #:		Changes Apply to: <input type="checkbox"/> Contract <input type="checkbox"/> Certificate of Coverage	
Please note that rate filings and form filings must be submitted together for new plans			

21. Additional Group Numbers:

22. Additional Form Numbers:

[illegible]

Effective Date: 11/1/06

EXAMPLE: COVER LETTER FOR ENDORSEMENT TO A LARGE GROUP
STANDARD MASTER CONTRACT

SEPTEMBER 1, 2006

TO: OFFICE OF THE INSURANCE COMMISSIONER
RATES AND FORMS DIVISION
PO BOX 40255
OLYMPIA, WA 98504-0255

FROM: WASHINGTON CARRIER
0000 ANY STREET
ANY TOWN, ANY STATE 00000
CARRIER CONTACT: ANGELA BARNES, CONTRACT MANAGER
(If this is not the person preparing the filing please include that person's name also).
CONTACT PHONE: (000) 000-0000

SUBJECT: Standard Master Contract Number: ABC123L-06
Contract Effective Date: August 1, 2006
Endorsement: ABCEND-06
Endorsement Effective Date: October 1, 2006

Dear Insurance Policy/Analyst:

Enclosed is an Endorsement to Large Group Standard Master Contract Number ABC123L-06, which amends the Eligibility section. This Endorsement is being filed for your review to assure compliance with state and federal guidelines.

(The above section must be completed in full or the filing will be returned.)

This letter and enclosed filing transmittal are prepared in duplicate. A self-addressed, stamped envelope is provided for your convenience in acknowledging final action on this filing.

Sincerely,
Washington Carrier

HEALTH CARE SERVICE CONTRACTOR/HEALTH MAINTENANCE ORGANIZATION TRANSMITTAL

1. Company ID WASHCOMPANY1234	2. Company Name WASHINGTON CARRIER	For OIC Use Only	
3. Date Submitted SEPTEMBER 1, 2006	4. Proposed Effective Date OCTOBER 1, 2006	[] File ID	[] Analyst
5. Contact ANGELA BARNES	6. Title MANAGER, CONTRACTS	Approved	Date
7. Phone (000) 000-0000	8. Fax # (000) 000-0000	Reviewed	Initials
9. E-Mail ABARNES@WACARRIER.COM	10. Purpose of Filing TO FILE ENDORSEMENT FOR LARGE GROUP STANDARD MASTER CONTRACT	Withdrawn	
		Disapproved	
		Acknowledged	
		State Tracking #	

Check all forms that apply to this filing. If additional space is required to list contract numbers, attach a separate sheet. Please fill out columns A through C every time you check a box

		A	B	C
Line of Insurance		Contract # Effective Date	Prior Contract # Effective Date	Product Name
STANDARD MASTER CONTRACT				
11.	<input checked="" type="checkbox"/> Large Group Contract (51+)			
	<input type="checkbox"/> Small Group Contract (2-50)			
	<input type="checkbox"/> Group Application			
	<input type="checkbox"/> Member Application			
	<input type="checkbox"/> Certificate of Coverage			
	<input checked="" type="checkbox"/> Endorsement/Rider	ABCEND-06 10/1/06		ELIGIBILITY CRITERIA
12.	<input type="checkbox"/> Individual			
	<input type="checkbox"/> Application			
	<input type="checkbox"/> Endorsement/Rider			
13.	<input type="checkbox"/> Conversion			
	<input type="checkbox"/> Endorsement/Rider			
14.	<input type="checkbox"/> Network Reports			
	<input type="checkbox"/> Access Plan			
	<input type="checkbox"/> Form B – Network Enrollment			
	<input type="checkbox"/> GeoGraphic Network Report			
15.	<input type="checkbox"/> Other			
16.	<input type="checkbox"/> Small Group Limited Schedule of Benefits			
	<input type="checkbox"/> Group Application			
	<input type="checkbox"/> Member Application			
	<input type="checkbox"/> Certificate of Coverage			
	<input type="checkbox"/> Endorsement/Rider			
	<input type="checkbox"/> Benefit Brochure			
PRIOR APPROVAL		Agreement #/Effective Date	Prior Agreement #/Effective Date	
17.	<input type="checkbox"/> Provider Agreement			
18. RATE		Contract #/Effective Date	Prior Contract #/Effective Date	Negotiated Contract #/Effective Date
	<input type="checkbox"/> Proprietary			
	<input type="checkbox"/> For-Public			
19. NEGOTIATED CONTRACT		<input type="checkbox"/> Employer	<input type="checkbox"/> Association	<input type="checkbox"/> Government
<input checked="" type="checkbox"/> Fully Negotiated <input type="checkbox"/> Short-Form Filing		<input type="checkbox"/> Paperwork	<input type="checkbox"/> Paperwork	<input type="checkbox"/> Paperwork
		<input type="checkbox"/> Trust	<input type="checkbox"/> Union	<input type="checkbox"/> Paperwork
Negotiated Contract Number:		Effective Date:		
Group Name:		Group Number:		
Standard Master Contract Number (short form filings only):		Effective Date:		
Forms Included in this Filing: <input type="checkbox"/> Contract <input type="checkbox"/> Certificate of Coverage <input type="checkbox"/> Group Application <input type="checkbox"/> Enrollee Application (Please list form numbers in Section 22 attached)				
20. NEGOTIATED ENDORSEMENT/RIDER (FOR FULLY NEGOTIATED CONTRACTS ONLY. PLEASE COMPLETE FIELD 19 ABOVE.)				
Negotiated Endorsement/Rider Form #:		Changes Apply to: <input type="checkbox"/> Contract <input type="checkbox"/> Certificate of Coverage		
Please note that rate filings and form filings must be submitted together for new plans				

21. Additional Group Numbers:

22. Additional Form Numbers:

[illegible]

Effective Date: 10/1/06